

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

REGISTRATION AS A STUDENT AND NOTIFICATION OF STUDENT ENTRANCE

Indicate the type of student

Print or Type

- ☐ Cosmetologist
☐ Electrologist
☐ Esthetician

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) This section is public information and will be displayed on the INTERNET (http://www.hhs.state.ne.us/lis/lisindex.htm)				
1.	Name:	First	Middle	Last
2.	Address:	Street/PO/Route		
		City	State	Zip
3.	Date Of Birth:		4.	PLACE OF BIRTH (city/state):
5.	Social Security #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)			
6.	Date of Completion of High School or GED:	<div style="display: flex; justify-content: space-between;"> High School Equivalent (GED) </div>		
✓ Attach a copy of your birth certificate or equivalent document; ✓ Attach a copy of verification of high school education or equivalent (GED) Documents written in a language other than English must include an original notarized translation of the document				
7	Name of training institution attending:			
	Location:			

SECTION B - AFFIDAVIT OF STUDENT (All students must complete this section of the application before a Notary Public)

STATE OF _____)
) ss
 COUNTY OF _____)

I, _____ being duly sworn say that I am the person referred to on this application and that the statements herein are true and complete.

(Legal Signature of Applicant)

Sworn before me this _____ day of _____, 20 ____.

(Notary Public)

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SECTION C - AFFIDAVIT AND STUDENT ENTRANCE NOTIFICATION	
This section must be completed by Training Institution's Owner or Manager	
Category of student registration	Check all appropriate categories below
Standard Student	<input type="checkbox"/>
Special Study Student (Special Study Students may attend only 8 hours per week during the academic school year and proof of completion of high school must be submitted prior to application for licensure)	<input type="checkbox"/>
Re-Entrance Student (Documentation of the number of hours and credits earned by the student to date must be attached to this application)	<input type="checkbox"/>
Intrastate Transfer Student (A letter from the former school must be attached to this application indicating the number of credits earned by the student, including any hours and credits the student transferred into that school; and the dates of attendance of the student at that school)	Former School: _____ Location of School: _____
Interstate Transfer Student (Certification of Training from the other State must be attached)	<input type="checkbox"/>
Licensed Barber (applies to cosmetology only) (A photocopy of your current Nebraska Barber's license must be attached)	<input type="checkbox"/>

The records of _____, _____,
(School) (City)

Nebraska indicate that _____, is or shall be a student as indicated
(Student's Name)

above, and has met the age and high school completion requirements prior to beginning training as evidenced by the attached documents. Furthermore, this completed application for Registration as a Cosmetology Student, Electrology Student, or as an Esthetics Student and Notification of Student Entrance has been mailed to the Credentialing Division **within 5 days** of enrollment.

First day of class attendance is/was: _____
(Date: Month/Day/Year)

STATE OF _____)
) ss
COUNTY OF _____)

I, _____ being duly sworn say that the above statements are true and complete.

(Signature of School Owner/Manager)

Sworn before me this _____ day of _____, 20 ____.

(Notary Public)

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